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2814 \$  
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/662,358
		Filing Date	September 15, 2000
		First Named Inventor	Taiji NODA
		Group Art Unit	2814
		Examiner Name	Anh D. Mai
Total Number of Pages in This Submission		Attorney Docket Number	740819-423

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other	
		RECEIVED	
		JUN 23 2003	
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Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Jeffrey L. Costellia, Reg. No. 35,483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102	
Signature		
Date	June 18, 2003	

<b>CERTIFICATE OF MAILING</b>		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on this date:		
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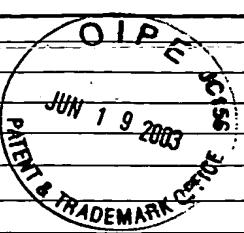
# FEE TRANSMITTAL FOR FY 2003

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 110)

Complete if Known	
Application Number	09/662,358
Filing Date	September 15, 2000
First Named Inventor	Taiji NODA
Examiner Name	Anh D. Mai
Art Unit	2814
Attorney Docket No.	740819-423



## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

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Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

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- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
<b>SUBTOTAL (1)</b>		(\$ 0)	

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
19	-20** =	X 0 =	0
2	-3** =	X 0 =	0
Multiple Dependent		X 0 =	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 84	2201 42	Independent claims in excess of 3
1203 280	2203 140	Multiple dependent claim, if not paid
1204 84	2204 42	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		(\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description		
Fee Code (\$)	Fee Code (\$)	Fee	Fee	
1051	2051	130	65	Surcharge – late filing fee or oath
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet
1053	1053	130	130	Non-English specification
1812	1812	2,520	2,520	For filing a request for <i>ex parte</i> reexamination
1804	1804	920*	920*	Requesting publication of SIR prior to Examiner action
1805	1805	1,840*	1,840*	Requesting publication of SIR after Examiner action
1251	2251	110	55	Extension for reply within first month
1252	2252	410	205	Extension for reply within second month
1253	2253	930	465	Extension for reply within third month
1254	2254	1,450	725	Extension for reply within fourth month
1255	2255	1,970	985	Extension for reply within fifth month
1401	2401	320	160	Notice of Appeal
1402	2402	320	160	Filing a brief in support of an appeal
1403	2403	280	140	Request for oral hearing
1451	1451	1,510	1,510	Petition to institute a public use proceeding
1452	2452	110	55	Petition to revive – unavoidable
1453	2453	1,300	650	Petition to revive – unintentional
1501	2501	1,300	650	Utility issue fee (or reissue)
1502	2502	470	235	Design issue fee
1503	2503	630	315	Plant issue fee
1460	1460	130	130	Petitions to the Commissioner
1807	1807	50	50	Processing fee under 37 CFR 1.17(q)
1806	1806	180	180	Submission of Information Disclosure Stmt
8021	8021	40	40	Recording each patent assignment per property (times number of properties)
1809	2809	750	375	Filing a submission after final rejection (37 CFR 1.129(a))
1810	2810	750	375	For each additional invention to be examined (37 CFR 1.129(b))
1801	2801	750	375	Request for Continued Examination (RCE)
1802	1802	900	900	Request for expedited examination of a design application
Other fee (specify)		Terminal Disclaimer		
		110.00		

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$ 110)

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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June 18, 2003

Date

Linda C. Haynes

Signature

Linda C. Haynes

Typed or printed name

## SUBMITTED BY

Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)	35,483	Telephone	(703) 770-9300
Signature				Date	June 18, 2003

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